International Journal of Integrated Care

Fleury M, 2026, Profiles of quality of outpatient care among individuals with mental disorders based on survey and administrative data. International Journal of Integrated Care 26(S2):502 DOI: doi.org/10.5334/ijic.ICIC26502

POSTER ABSTRACT

Profiles of quality of outpatient care among individuals with mental disorders based on survey and administrative data

International Conference on Integrated Care (ICIC26), Birmingham, 13-15 April 2026

Marie-josée Fleury[1]

1: McGill University, Canada

Rationale: Though it is crucial to contribute to patient recovery through access, diversity, continuity and regularity of outpatient care, still today most of these aspects are deemed non-optimal. Identifying patient profiles based on outpatient service use and quality of care indicators might help formulate more personalized interventions and reduce adverse outcomes.

Aims and objectives: This study aimed to identify profiles of individuals with mental disorders (MDs) patterned after their outpatient care use and quality of care received, and to link those profiles to individual characteristics and subsequent outcomes.

Methods: A cohort of 5,669 individuals with MDs was considered based on data from the 2023-14 and 2015-16 Canadian Community Health Survey, which were linked to administrative data from the Quebec health insurance registry. Latent class analysis generated profiles based on service use over the 12 months preceding each respondent's interview, and comparative analyses were used to associate profiles with sociodemographic and clinical characteristics, and health outcomes over the three following months.

Results: Four profiles were identified. Profile 1 (P-1) was labeled "Low service use", P-2 "Moderate general practitioner (GP) care and continuity and regularity of care", P-3 "High GP care, continuity and regularity of care, and low psychiatrist care", and P-4 "High psychiatrist care and regularity of care, and low GP care". Profiles 3 and 4 (~50% of the cohort) were provided with better care, but showed worse outcomes, mainly acute care use due to more complex conditions and unmet needs. Profiles 1 and 2 had better outcomes as they showed fewer risk factors such as being younger and having better social conditions.

Conclusion: Intensity, diversity and regularity of care were higher in profiles with more complex MDs, chronic physical illnesses, and worse perceived health conditions. Adapting specific interventions for each profile, such as assertive community treatment or intensive case management for Profile 4, is recommended.